United Nations E/ICEF/2006/P/L.4

Economic and Social Council

Distr.: Limited
30 March 2006

Original: English

For action

United Nations Children's Fund
Executive Board
Annual session 2006
5-9 June 2006
Item 11 of the provisional agenda*

Draft country programme document**

Mozambique

Summary

The draft country programme document for Mozambique is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of $22,653,000 from regular resources, subject to the availability of funds, and $66,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2007 to 2009.

* E/ICEF/2006/10.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8/Rev.1), the present document will be revised and posted on the UNICEF website in October 2006, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2007.

06-29276 (E) 040406

Basic data[*] *(2004 unless otherwise stated)*	
Child population (millions, under 18 years)	9.9
U5MR (per 1,000 live births)	152
Underweight (%, moderate and severe, 2003)	24
Maternal mortality ratio (per 100,000 live births) (1993-2003)	410
Primary school attendance (% net, male/female, 2003)	63/57
Primary school children reaching grade 5 (%, 2001-2002)	49
Use of improved drinking water sources (%, 2002)	42
Adult HIV prevalence rate (%, 15-49 years)	16.2
Child work (%, children 5-14 years old)	.
GNI per capita (US$)	250
One-year-olds immunized against DPT3 (%, 2003)	72
One-year-olds immunized against measles (%, 2003)	77

[*] More comprehensive country data on children and women are available at www.unicef.org.

The situation of children and women

1. Mozambique held its third legislative and presidential elections in 2004 and continues to experience strong economic growth, averaging 7-8 per cent over the past five years. The country remains one of the poorest in the world, however, with a gross national income of $250 per capita. The proportion of people living below the poverty line decreased from 69 per cent in 1997 to 54 per cent in 2003, although disparities persist between rural and urban areas and provinces. Levels of child poverty are high, with 58 per cent of children living below the poverty line, as compared to 49 per cent of adults. Of 18 targets of the Millennium Development Goals, five have the potential of being met (poverty, under-five mortality, maternal mortality, malaria, and an open trading and financial system).

2. Child well-being varies greatly across the country, with acute disparities evident between provinces, areas of residence, genders, and household levels of poverty and deprivation. The under-five mortality rate remains high, at 152 per 1,000 live births in 2004, although this represents a significant decline since 1990, when the rate was 235 per 1,000 live births. The infant mortality rate also fell over the same period, from 158 to 104 per 1,000 live births. Malaria remains the primary cause of under-five mortality, followed by acute respiratory infection. AIDS, however, is fast emerging as a major killer of children. The prevalence of underweight children under five is high, at 24 per cent, ranging from less than 10 per cent in Maputo to 34 per cent in Cabo Delgado Province. Protracted drought, combined with the AIDS pandemic and limited coping capacities, has resulted in persisting pockets of high malnutrition, particularly affecting orphaned children.

3. The 2003 Demographic and Health Survey (DHS) showed that the proportion of children under one immunized against measles increased from 58 per cent in 1997 to 77 per cent in 2003, although disparities were significant (71 per cent in rural areas and 91 per cent in urban areas). In 2002, 42 per cent of the population used an improved water source, with a distribution of 76 per cent and 24 per cent in

urban and rural areas, respectively. Poor access to drinking water and sanitation facilities, together with persistent drought, has contributed to cholera outbreaks and high levels of diarrhoea among children.

4. Despite major progress in improving access to primary education, and increasing the net enrolment ratio at lower primary level (grades 1-5) from 69 per cent (66 per cent girls/72 per cent boys) in 2003 to 83 per cent (81 per cent girls/86 per cent boys) in 2005, the quality of education has not improved. Completion rates in grades 1-5 in 2004 were 48 per cent (39 per cent girls/57 per cent boys), and net attendance rates in primary schools remained low, at 60 per cent (57 per cent girls/63 per cent boys). There are wide geographical disparities in net attendance rates, from over 90 per cent in Maputo to less than 50 per cent in Zambezia and Nampula provinces, which account for 40 per cent of the country's child population. The quality of education is further compromised by the high learner/teacher ratio (74:1) and the increasing proportion of unqualified teachers (44 per cent in 2005).

5. HIV/AIDS prevalence among the 15-49 year age group continues to increase, from 12.2 per cent in 2000 to 16.2 per cent in 2004, with the highest rates in the central and southern regions of the country, reaching 26.5 per cent in Sofala province. In 2005, approximately 99,000 children under age 15 were living with HIV, over 80 per cent of them below age 5. Access to paediatric treatment and prevention of mother-to-child transmission (PMTCT) remains low, at less than 5 per cent. Among adolescents, the gender disparity is acute, with three times as many girls as boys aged 15-19 living with HIV/AIDS. The pandemic continues to compound the crisis of increasing numbers of orphaned and vulnerable children (OVC). Of 1.6 million orphaned children, 20 per cent were orphaned because of AIDS. Evidence indicates that orphaned children are discriminated against in terms of access to education. Information on other vulnerable children remains limited, particularly in relation to child labour, abuse and exploitation.

6. A major underlying cause of disparities in the well-being and development of children and women is the weak capacity of duty bearers to meet their obligations, due to insufficient human resources and inequitable budget allocations. Other underlying and root causes include persisting disparities in access to basic services; socio-cultural factors; gender norms and inequalities; weak inter-sectoral coordination; natural disasters; and the AIDS pandemic.

7. Despite the many challenges, significant progress has been made in developing an enabling national policy and legislative framework to prioritize child development concerns. Key instruments include the National Poverty Reduction Strategy 2006–2009 (known as PARPA), which is based on the attainment of the Millennium Development Goals and is child-friendly. A comprehensive Children's Act has also been developed, based on recommendations of the initial report of the Government to the Committee on the Rights of the Child. These policies and plans provide an opportunity to accelerate efforts for the attainment of the Millennium Development Goals. Emphasis is now needed to operationalize these policies and frameworks.

Key results and lessons learned from previous cooperation, 2002-2006

Key results achieved

8. The country programme for 2002-2006 contributed to national goals defined in the first PARPA, focusing on three priority areas of integrated early childhood development (IECD), girls' education and HIV/AIDS.

9. In IECD, the Ministry of Health was supported to implement the nationwide immunization campaign in 2005, together with the World Health Organization (WHO), leading to the immunization of 8.2 million children aged 9 months to 14 years against measles (94 per cent coverage). In 48 districts, approximately 1 million insecticide-treated nets (ITNs) to protect against malaria were distributed to vulnerable groups through the health system, resulting in an estimated coverage of 59 per cent. An additional 292,000 and 96,000 people were provided with safe drinking water and adequate sanitation facilities, respectively.

10. In girls' education, the Ministry of Education and Culture was supported to provide 13,300 primary school teachers (20 per cent of all primary school teachers), 4,000 school directors and 15,100 school council members with training for capacity and professional development, including gender and HIV/AIDS awareness. This helped prevent further deterioration in the quality of education. The learning environment for more than 340,000 children improved through support for construction and rehabilitation of water and sanitation facilities in primary schools.

11. In HIV/AIDS, the Ministry of Health was supported to establish the first PMTCT sites in 2002, together with Health Alliance International. Technical support was also provided for development of a national PMTCT strategy. By 2005, 83 PMTCT sites had been set up, 30 supported by UNICEF. An evaluation in 2004 indicated that an increasing number of pregnant women were volunteering to undergo HIV counselling and testing in these sites.

12. Government capacity for emergency preparedness and response was supported through annual multisectoral vulnerability assessments, in conjunction with the World Food Programme (WFP), the Food and Agriculture Organization of the United Nations (FAO) and the United Nations Development Programme (UNDP), ensuring improved data on food and nutrition insecurity in drought-affected areas. Integrated supplementary feeding programmes with WFP provided more than 140,000 vulnerable children and more than 70,000 pregnant/lactating women with food and nutritional support.

13. UNICEF was an active advocate for the rights of children, and together with partners supported the development of child-friendly national and sectoral policies and legislation through sector-wide forums: the national Children's Act, the new civil code and plan of action on birth registration, the second National Strategic Plan to Fight HIV/AIDS (PEN II), the Plan of Action for OVC, the Code of Marketing of Breastmilk Substitutes, the PARPA and a scale-up plan to accelerate the response to paediatric AIDS.

Lessons learned

14. Recent internal and external reviews on the role of the United Nations in Mozambique within the context of United Nations reform and the move of

development partners towards Direct Budget Support modalities have shown that the United Nations family will need to focus on areas of its comparative advantage within the changing aid environment. For UNICEF, this entails a continued role as an advocate for child rights and supporter of policy dialogue and development. Greater balance between policy, technical support and capacity-building for service delivery is also needed, through continued engagement in existing mechanisms, including sector-wide approaches (SWAps).

15. The 2004 mid-term review highlighted the need to converge and scale up integrated programmes. As a result, multisectoral approaches to education were initiated, together with a stronger emphasis on an integrated approach to HIV/AIDS across all sectors.

The country programme, 2007-2009

Summary budget table[†]

	(In thousands of United States dollars)		
Programme	*Regular resources*	*Other resources*	*Total*
Child health and nutrition	4 390	16 800	21 190
Water, sanitation and hygiene	3 250	23 100	26 350
Basic education	4 990	9 000	13 990
Child protection	1 983	10 600	12 583
Social policy, advocacy and communication	5 100	3 600	8 700
Cross-sectoral costs	2 940	2 900	5 840
Total	**22 653**	**66 000**	**88 653**

[†] Additional funds may be received through Consolidated Appeals as required.

Preparation process

16. The United Nations Country Team has fully aligned the content and cycle of the new United Nations Development Assistance Framework (UNDAF) with the PARPA, developing a three-year framework for 2007-2009. As a first step, the United Nations family fully engaged in the PARPA development process, in lieu of the Common Country Assessment. The ensuing national poverty reduction plan is Millennium Development Goals-based and strongly incorporates human rights principles, particularly those outlined in the Convention on the Rights of the Child. The UNDAF outcomes were developed around the three areas of the PARPA to which the United Nations can make a significant contribution: human capital, HIV/AIDS and governance. Key UNDAF results were drafted through a consultative process, including through a United Nations Strategic Planning Retreat with Government and other development partners.

17. Under the leadership of the Ministry of Foreign Affairs and Cooperation, the country programme was developed through consultations with United Nations agencies, line Ministries, civil society, bilateral and other multi-lateral development partners. Discussions were informed by the updating of the situation analysis of

children, and a series of sectoral studies and surveys. The key results of the country programme are derived from, and contribute directly to, selected outcomes of the UNDAF, with particular focus on the human capital and HIV/AIDS pillars. The key results are fully in line with PARPA targets and the UNICEF medium-term strategic plan (MTSP) for 2006-2009, taking into account comprehensive causal and capacity-gap analyses and the outcomes from several United Nations inter-agency meetings to develop joint strategies in health, nutrition and HIV/AIDS. The key results are also informed by lessons learned from past cooperation, and were validated at a Joint Strategy Meeting held in January 2006, involving a large group of development partners.

Goals, key results and strategies

18. The overall country programme goal is to reduce disparities in the well-being of children by ensuring that vulnerable children in the most disadvantaged families and communities progressively realize their rights to survival, development, protection and participation.

19. The country programme will contribute to a reduction in child vulnerability and an enhancement of child participation at national, subnational and community levels by influencing policy design and implementation, leveraging resources based on reliable data on child poverty and human development, and supporting scale-up of evidence-based integrated programmes. All five MTSP focus areas will be addressed through the key results to be achieved by the end of 2009, described in the following paragraphs.

20. **Child health and nutrition** will achieve these results: (a) national budgets, policies, sectoral strategies and annual plans prioritize issues related to maternal, neonatal and child health and nutrition; (b) at least 80 per cent of health facilities and community outreach services have improved the quality of care in the prevention and the management of neonatal conditions and childhood illness in targeted districts; (c) at least 90 per cent of one-year-old children are immunized with three doses of combined diphtheria/pertussis/tetanus vaccine (DPT3), and 90 per cent against measles through implementation of the Reach Every District (RED) approach in 45 districts with low coverage; (d) at least 70 per cent of vulnerable children under five receive health facility and/or community-level preventive and curative interventions addressing nutritional deficiencies as required in targeted districts; (e) at least 22,000 pregnant women who are HIV positive and their newborns receive the full PMTCT package in supported sites; (f) at least 8,000 children living with AIDS eligible for antiretroviral therapy receive treatment in supported sites, along with an integrated package of medical, nutritional and psychosocial support and home-based care.

21. **Water, sanitation and hygiene** will achieve these results: (a) national budgets, policies, strategies and plans prioritize vulnerable groups to reduce disparities in access to water, sanitation and hygiene; (b) decentralized planning, monitoring and evaluation and management procedures for drinking water and sanitation in targeted provinces are operationalized; (c) at least 1 million new users, prioritizing vulnerable groups, have access to and use safe water and appropriate sanitation and improved hygiene practices in targeted districts, particularly during emergencies; (d) at least 80 per cent of primary schools in targeted districts have water and sanitation services and hygiene education programmes.

22. **Basic education** will achieve these results: (a) national plans and budgets prioritize primary education and include strategies to increase quality, equity and emergency preparedness; (b) at least 90 per cent of all girls and boys in targeted districts are enrolled in primary school and 60 per cent complete primary education; (c) at least 80 per cent of children aged 10-14 in primary schools in targeted districts have correct information, attitudes and relevant skills to reduce the risk and vulnerability to HIV.

23. **Child protection** will achieve these results: (a) the Children's Act is implemented and monitored through specialized structures; (b) children in targeted districts are living in a community environment that supports the realization of their right to protection from sexual violence, exploitation and abuse; and (c) at least 165,000 OVC (or 15 per cent of the target of the Plan of Action for OVC), together with their families, have access to basic services and social protection.

24. **Social policy, advocacy and communication** will achieve these results: (a) policy analysis and resource allocations are influenced to reduce child vulnerability through the use of up-to-date, reliable disaggregated data and evidence from multisectoral integrated models; (b) Government capacity to deliver basic services equitably is improved through integrated district planning and monitoring and evaluation; (c) the participation of children and young people in decision-making forums and community dialogue is increased; (d) at least 70 per cent of children, families and communities in targeted districts have the information and knowledge required to reinforce positive and healthy behaviours that enhance well-being and promote social change.

25. The human rights-based approach to programming and the following interrelated strategies will guide the design, implementation, monitoring and evaluation of all programmes:

(a) *Targeting of the most vulnerable and marginalized children*, particularly orphaned children and those in remote rural areas, to reduce disparity. This focus has been informed by a thorough situation analysis based on vulnerability criteria (provincial disparity, area of residence, household poverty, gender inequity, HIV/AIDS prevalence). Key strategies include the RED approach for immunization, integrated health and nutrition programmes for malnourished children, and the modelling of a multisectoral initiative to support OVC to access and complete primary education and to benefit from social protection mechanisms and safety nets. Interventions will converge in targeted districts in **seven provinces** with the highest vulnerability levels;

(b) *Institutional capacity development* to ensure high-quality service delivery, particularly at subnational level, complemented at the local level by *community capacity development*. Emphasis will be placed on ensuring ***meaningful participation of children, young people and communities***. Community mobilization and innovative methods of *gender-sensitive communication* will be used to ensure active participation, ownership of communities and sustainable behaviour change;

(c) *Evidence-based advocacy for child rights* to leverage knowledge and resources for children and *policy dialogue, development and analysis* to ensure that children are placed at the centre of the development agenda. Emphasis will be placed on achieving balance and synergy between policy dialogue, strengthening

institutional capacity for improved service delivery, and large-scale integrated initiatives to provide sustainable models for national scale-up;

(d) *HIV/AIDS and gender will be mainstreamed* in each programme component. In line with the Core Commitments for Children, *emergency preparedness and response will also be mainstreamed*, including support of national capacities to respond to sudden-onset emergencies (natural disasters and disease outbreaks), and the longer-term vulnerabilities caused by the Triple Threat of food insecurity, HIV/AIDS and weakened coping capacities.

Relationship to national priorities and the UNDAF

26. The country programme key results will contribute to the achievement of priorities in the Government's Five Year Plan (2005-2009), the PARPA and other sectoral and multisectoral national strategies. The key results contribute to all three pillars of the UNDAF, emphasizing human capital and HIV/AIDS. The country programme cycle is harmonized with the United Nations system within the UNDAF.

Relationship to international priorities

27. The country programme design has been guided by the Convention on the Rights of the Child, the Millennium Development Goals, the goals of the *World Fit for Children* and the Declaration of Commitment of the General Assembly Special Session on HIV/AIDS. The results will contribute to all MTSP focus areas, with particular focus and investment placed on (a) young child survival and development; (b) basic education and gender equality; and (c) children and AIDS. These areas were highlighted because of the continued high rate of child mortality, the low standards of quality in education and the growing AIDS epidemic, which threatens to reverse the development gains for Mozambican children over the last decade.

Programme components

28. **The child health and nutrition programme** will be implemented by the Ministry of Health and its provincial directorates within the framework of the Health SWAp. It will support interventions to address the underlying causes of the high mortality and poor nutritional status of children, including inadequate access for the most vulnerable children to integrated child health and nutritional services and gaps in health policy, institutional capacity and quality of service. The programme will contribute to the progressive attainment of the PARPA and Millennium Development Goals targets through health systems-strengthening and service delivery at national and local levels.

29. The programme has four components:

(a) *Policy, planning and advocacy*. This component will cover participation in policy review and development, systems-strengthening and advocacy for, and support to, the development of technical standards;

(b) *Child health*. This will involve support to the expansion of an integrated neonatal and child health approach, including the Integrated Management of Neonatal and Childhood Illness (IMNCI) at community and health facility levels, immunization in hard-to-reach districts, and malaria prevention and treatment, focusing on OVC and pregnant women; maternal health will be integrated into the

IMNCI/Community IMNCI approach and will also be addressed through PMTCT programmes;

(c) *Nutrition*. Support will be given to preventative and curative interventions to address nutritional deficiencies in children under five in targeted areas. Together with WFP, and in response to the Triple Threat, UNICEF will support the Ministry of Health and non-governmental organizations (NGOs) in implementing integrated health and nutrition programmes for malnourished children;

(d) *HIV/AIDS*. This component will involve support to PMTCT programming and an integrated package of treatment, nutritional and psychosocial support and home-based care for children living with AIDS.

30. **The water, sanitation and hygiene (WASH) programme** will be implemented by the National Water Directorate (DNA) and its provincial directorates, within an inter-agency partnership framework (SWAp). It will address low coverage levels, poor service delivery and weak sustainability of water and sanitation facilities, and will support national efforts to reduce the incidence of diseases such as diarrhoea and cholera. The programme will contribute to the progressive attainment of the PARPA and Millennium Development Goals targets through building national and local capacities to provide sustainable and adequate water and sanitation facilities at community, health facility and school levels in disadvantaged rural and poor peri-urban areas of five provinces. Civil society organizations (CSOs), communities and the private sector will be instrumental in implementation and sustainability.

31. The programme has three components:

(a) *Policy, planning and advocacy*. UNICEF and partners will support the adoption of a pro-poor sector policy that focuses on equity, and the development of effective decentralized planning, monitoring and evaluation mechanisms;

(b) *Rural and urban and peri-urban WASH*. UNICEF will support construction of low- cost water and sanitation facilities, including in health facilities. Emergency interventions will be supported to reinforce national systems and strengthen sector capacity;

(c) *WASH in schools*. UNICEF will support provincial authorities in the construction and rehabilitation of water and sanitation facilities in primary schools in the districts targeted by the child-friendly schools initiative. In partnership with the European Union and the Government of the Netherlands, specific resources will be allocated to the National Water Board for the construction of low-cost water and sanitation facilities.

32. **The basic education programme** will be implemented by the Ministry of Education and Culture and its provincial and district directorates, within the framework of the Education SWAp. It will address the poor quality of primary education, focusing on girls and OVC. The programme has two components:

(a) *Policy, planning and advocacy*. UNICEF and development partners will advocate for and support the incorporation of child-friendly, gender sensitive and responsive school approaches in national plans and budgets, focusing on girls and the most vulnerable children in primary schools. Emphasis will be on documenting lessons learned on the process, cost-effectiveness, sustainability and impact of two

initiatives (child-friendly schools and a model of support to OVC in partnership with the Ministry of Women and Social Action and the World Bank). The lessons of these models will be used to advocate and leverage resources for national scale-up;

(b) *Child-friendly schools*. UNICEF will support the modelling of a multisectoral initiative in all primary schools in targeted districts. A minimum package will be implemented, consisting of basic learning and didactic materials, instructional programmes that promote relevant life skills (particularly girls' empowerment and HIV prevention), safe water and sanitation, school-based health and nutrition, support to accessing social services such as birth registration and, in partnership with WFP, provision of school meals, especially in areas with high levels of family food insecurity. The package will also include strengthening the capacity of school councils and enhancing the professional development of teachers, school and zonal directors. The targeted districts for improved access and quality have been identified based on high gender gaps and low enrolment ratios.

33. **The child protection programme** will be implemented primarily by the Ministry of Women and Social Action and the Ministries of Justice and Interior. Partners will work to ensure that children are better protected from violence, exploitation and abuse, and have access to basic services and social protection. The programme has three components:

(a) *Policy and legal reform*. Emphasis will be placed on strengthening the legal, policy and regulatory framework to implement and monitor the new Children's Act. Support will be provided to the line Ministries in the creation of specialized structures for the implementation and monitoring of the Act, and to the strengthening of the capacities of national academies for the police and the judiciary to ensure that children in contact with the law are protected in line with the Convention on the Rights of the Child;

(b) *Prevention of sexual exploitation and abuse*. The Ministry of the Interior will be supported to establish a comprehensive model of *Centros de Atendimento* (care centres) in each province, for preventive services and response mechanisms for victims of abuse, exploitation and trafficking, including gender-based violence. Communities will also be supported to create surveillance systems and expand networks for the protection of children;

(c) *Protection of vulnerable children*. Emphasis will be placed on strengthening the capacities of partners to implement the Plan of Action for OVC, and establish community-based approaches to protect and care for OVC. Support will be provided to Ministry of Women and Social Action and CSOs to establish and expand social protection mechanisms and safety nets to increase the proportion of OVC with access to, and benefiting from, basic services and social protection.

34. **The social policy, advocacy and communication programme** is cross-sectoral, with both oversight and supportive functions. It has two components:

(a) *Social policy, planning, information and monitoring*. Focus will be placed on advocacy, policy review and development, subnational capacity development, and monitoring and evaluation. In partnership with the National Institute of Statistics (INE) the Ministry of Planning and Development and the National AIDS Council (CNCS), it will support the following: increased availability and use of strategic information on the situation of children; establishment of a monitoring mechanism of state budget resource allocation for child poverty and

disparity reduction; strengthening of routine monitoring systems; and use and dissemination of *ESDEM*, the national *DevInfo* database. Data analysis and research will be used for policy dialogue and to promote increased resource allocations for children. Together with UNDP, this component will support capacity development of civil society and local government for improved planning, monitoring and evaluation, focusing on the seven provinces of the multisectoral initiatives;

(b) *Programme communication*. Emphasis will be placed on supporting children and communities to adopt and maintain positive and healthy behaviours and promote social change. The component will be implemented in partnership with the National AIDS Council, national media, the Institute of Social Communication and CSOs. It will focus on community mobilization and awareness to support the four sectoral programmes, using innovative and participatory methods of communication, including multimedia mobile units, community theatre and community radio networks. It will promote youth participation through the involvement of young people in decision-making forums and media programmes. Existing child-to-child radio programmes will be expanded, involving children and young people nationwide, to create space in which to raise children's concerns and stimulate dialogue with children. A child-friendly media network will be established at national and subnational levels, through support to the training of journalists and decision-makers on child rights issues.

35. **Cross-sectoral costs** will cover the management and support of the overall country programme, including private sector fund-raising and media outreach, programme planning and coordination; and staff and operating expenses related to supply, logistics, administration and finance.

36. Regular resources will be utilized for advocacy, policy-level support and technical support for planning, monitoring and evaluation in all programmes. Other resources will support the expansion of integrated initiatives.

Major partnerships

37. Under the leadership of the Government, partnerships will include (a) United Nations agencies, guided by the UNDAF; (b) the World Bank, bilateral and other multilateral partners, within the framework of the Programme Aid Partnership and SWAp mechanisms; (c) international and national NGOs and CSOs, including umbrella organizations, human rights groups, associations of people living with HIV and AIDS, and youth associations, all of which are instrumental in reaching the most vulnerable and ensuring child and community participation; (d) regional and subregional bodies such as the Southern Africa Development Community and the New Partnership for Africa's Development; (e) the private sector, to support service delivery and sustainability; and (f) media, national- and subnational-level communication forums, in raising awareness for child rights.

Monitoring, evaluation and programme management

38. The monitoring framework for the country programme will be set out in a three-year Integrated Monitoring and Evaluation Plan (IMEP), consistent with the UNDAF and the PARPA monitoring matrices. The IMEP and CPD result matrix include key child development indicators to assess progress against expected results. Information sources for tracking indicators will include major national surveys, such as the 2007 Census and 2008-2009 DHS, Millennium Development Goals progress

report, use of *ESDEM*, thematic studies and surveys, routine monitoring systems and field monitoring visits.

39. Periodic evaluations, undertaken jointly with the United Nations and partners, where appropriate, will be built into the annual workplans and reflected in annual IMEPs. Evaluations with donors will be conducted as required.

40. The country programme will be managed through the oversight of a multisectoral Steering Committee jointly convened by the Ministry of Foreign Affairs and Cooperation and UNICEF. Reviews will take place through periodic coordination meetings. Since the programme and UNDAF span three years, there will be no mid-term reviews. The United Nations agencies will conduct annual reviews of the UNDAF, and will increasingly utilize the Joint Review process of the Programme Aid Partners for monitoring progress in implementation of the UNDAF and individual country programmes.